U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY

## AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/379,763
Filing Date	08/24/99
First Named Inventor	Besson, et: al.
Title	WIRELESS MEDICAL DIAGNOSIS AND MONITORING E
Art Unit	3762
Examiner Name	Getzow, Scott M.
Attorney Docket Number	065617-0008

I hereby rev	oke all previous pow	ers of attorney give	n in the abo	ve-iden	tified applicati	on.
A Pow	er of Attorney is submitted	herewith.				
Numbe identifi	r as my/our attorney(s) or id above, and to transact	point Practitioner(s) associated with the following Customer my/our attorney(s) or agent(s) to prosecute the application pove, and to transact all business in the United States Patent nark Office connected therewith:		(		26127
OR .	o man market Pina swale was stall m	and and to all and an arrival to	.44			and tracking intentified above and
	y appoint Practitioner(s) it act all business in the Un					oplication identified above, and
	Practitioner(s) Na	Practitioner(s) Name		Registration Number		
		***************************************				
		~~~~		***************************************		
~~,			······································			5' 1' 1
,	gnize or change the			a above	-identified app	olication to:
نتستنا	iress associated with the	above-mentioned Custo	mer Number.			
OR						
The add	ress associated with Cust	comer Number:				
OR		<u> </u>				J
Firm or Individu	i Name					
Address						
		***************************************				
City				State		Zip
Country				<del></del>		
Telephone				Email		
I am the:  Application	t/Inventor.					
Assigne	e of record of the entire in nt under 37 CFR 3.73(b)			or filed o	n	
	. ده.	SIGNATURE of Ap	oplicant or Ass	signee of	Record	***************************************
Signature	Alle M				Date	27070
Name	Shelly A. Ha	írtman			Telephone	954-745-3519
Title and Comp	any CEO, LifeSy	nc Holdings, Inc.				
NOTE: Signature signature is requi		nees of record of the entire	interest or their	representa	itive(s) are required.	. Submit multiple forms if more then one
*Total of	1 forms are	submitted.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, VA 22313-1459. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.

CERTIFICATE OF TRANSMISSION VIA EFS-WEB			Docket No.		
Applicant(s): <b>Besson, et al</b>			065617-0008		
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	
09/379,763	08/24/1999	Scott M. Getzow	26127	3762	
nvention:					
WIRELESS M	EDICAL DIAGNOS	SIS AND MONITORIN	NG EQUIPMENT		
I hereby certify t	that the following doc	ument:			
POWER OF A	TTORNEY				
is heina transmi	ttad to the United Sta	tes Patent and Tradema	ark Office via the Offic	a's electronic	
•		the Commissioner for P			
VA 22313-1450				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	00/4	/a.a.t.o.			
	02/16 (Da				
		DEB	BRA L. CLIFTON		
			name of person transmitting d		
				ocument)	
	,	(Typed or printed n	ebra L. Clifton/		
		(Typed or printed n	Debra L. Clifton/ f person transmitting docume		
		(Typed or printed n			
		(Typed or printed n			
	Note: Each paper	(Typed or printed n	f person transmitting docume		
	Note: Each paper	(Typed or printed n / <b>D</b> (Signature o	f person transmitting docume		